



QUARTERLY STATEMENT  
AS OF June 30, 2013  
OF THE CONDITION AND AFFAIRS OF THE  
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHY KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL	DON KOOY
RONALD SHAHEEN D.O.	KEVIN TOMPKINS
DENNIS LAFOREST	PATRICK HAYES
DAVE MAZURKIEWICZ	LAKISHA ATKINS

State of Michigan  
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Assistant Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2013	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....				
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....	33,046,637		33,046,637	32,254,695
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....	2,551,883		2,551,883	2,646,292
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....(8,884,709)), cash equivalents (\$.....19,550,120) and short-term investments (\$.....69,881,189) .....	80,546,599		80,546,599	73,681,062
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....	750,883	483,722	267,161	210,955
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	116,896,002	483,722	116,412,280	108,793,004
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	8,755		8,755	13,442
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,397,223	27,930	1,369,293	1,249,081
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	94,758		94,758	169,644
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....	819,795	9,078	810,717	260,934
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....	438,738	438,738		
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	1,063,004	11,910	1,051,094	1,027,437
24.	Health care (\$.....3,321,280) and other amounts receivable .....	3,368,120	41,375	3,326,745	5,173,429
25.	Aggregate write-ins for other than invested assets .....				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	124,086,395	1,012,752	123,073,642	116,686,971
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	124,086,395	1,012,752	123,073,642	116,686,971
DETAILS OF WRITE-INS					
1101.	INVENTORY .....	23,314	23,314		0
1102.	DEFERRED CHARGES EQUIP FEES .....	441,078	441,078		0
1103.	PREPAID EXPENSES .....	19,330	19,330		
1198.	Summary of remaining write-ins for Line 11 from overflow page .....	267,161		267,161	210,955
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	750,883	483,722	267,161	210,955
2501.	.....				
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	57,436,474		57,436,474	60,135,095
2.	Accrued medical incentive pool and bonus amounts .....	2,435,231		2,435,231	2,773,293
3.	Unpaid claims adjustment expenses .....	1,253,035		1,253,035	1,253,035
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	2,925,850		2,925,850	1,185,567
9.	General expenses due or accrued .....	5,569,695		5,569,695	5,851,288
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....	344,830		344,830	287,849
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	1,678,776		1,678,776	2,224,997
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....	1,329,134		1,329,134	590,496
24.	Total liabilities (Lines 1 to 23) .....	72,973,025		72,973,025	74,301,620
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	48,960,617	41,245,351
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	50,100,617	42,385,351
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	123,073,642	116,686,971
DETAILS OF WRITE-INS					
2301.	ACCRUED PENSION .....	1,329,134		1,329,134	590,496
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	1,329,134		1,329,134	590,496
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	880,676	798,789	1,639,850
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	257,821,334	220,560,336	455,074,024
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....	(965,610)	(626,412)	(1,885,021)
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	256,855,724	219,933,924	453,189,003
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		188,290,039	150,761,964	324,378,910
10.	Other professional services .....		3,580,036	5,441,890	7,909,619
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....		10,575,043	9,556,874	18,053,610
13.	Prescription drugs .....		32,199,716	28,552,089	56,284,199
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....		641,390	1,398,582	1,761,295
16.	Subtotal (Lines 9 to 15) .....		235,286,224	195,711,399	408,387,633
<b>Less:</b>					
17.	Net reinsurance recoveries .....		478,864	311,491	455,413
18.	Total hospital and medical (Lines 16 minus 17) .....		234,807,360	195,399,908	407,932,220
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....1,650,720 cost containment expenses .....		2,664,555	4,318,139	9,236,841
21.	General administrative expenses .....		11,371,614	15,809,897	22,874,030
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23.	Total underwriting deductions (Lines 18 through 22) .....		248,843,529	215,527,944	440,043,091
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	8,012,195	4,405,980	13,145,912
25.	Net investment income earned .....		(224,358)	39,063	(14,612)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....		18	1,367,987	1,690,106
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		(224,340)	1,407,050	1,675,494
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29.	Aggregate write-ins for other income or expenses .....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	7,787,855	5,813,030	14,821,406
31.	Federal and foreign income taxes incurred .....	X X X .....			
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	7,787,855	5,813,030	14,821,406
<b>DETAILS OF WRITE-INS</b>					
0601.	OTHER HEALTH CARE RELATED REVENUE .....	X X X .....	18	13,063	58,782
0602.	MPCA .....	X X X .....	(965,628)	(639,475)	(1,943,803)
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....	(965,610)	(626,412)	(1,885,021)
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	LOSS ON SALE OF EQUIPMENT .....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	42,385,351	102,184,937	102,184,937
34.	Net income or (loss) from Line 32 .....	7,787,855	5,813,030	14,821,406
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	427,054	83,975	(424,164)
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....			
39.	Change in nonadmitted assets .....	238,995	(227,134)	(557,361)
40.	Change in unauthorized and certified reinsurance .....			
41.	Change in treasury stock .....			
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....			
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			(36,400,000)
47.	Aggregate write-ins for gains or (losses) in surplus .....	(738,638)		(37,239,467)
48.	Net change in capital and surplus (Lines 34 to 47) .....	7,715,266	5,669,871	(59,799,586)
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	50,100,617	107,854,808	42,385,351
<b>DETAILS OF WRITE-INS</b>				
4701.	SURPLUS ADJUSTMENT RELATING TO CARESOURCE MICHIGAN PURCHASE .....			(37,239,467)
4702.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS .....	(738,638)		
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page .....			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	(738,638)		(37,239,467)

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	259,438,305	222,108,038	455,331,467
2.	Net investment income .....	(105,308)	189,673	383,384
3.	Miscellaneous income .....	880,172	(623,565)	(1,899,845)
4.	TOTAL (Lines 1 to 3) .....	260,213,170	221,674,146	453,815,005
5.	Benefit and loss related payments .....	237,649,392	193,444,183	401,592,603
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	14,317,764	20,018,005	28,217,154
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	TOTAL (Lines 5 through 9) .....	251,967,156	213,462,188	429,809,757
11.	Net cash from operations (Line 4 minus Line 10) .....	8,246,014	8,211,958	24,005,249
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....		14,708,269	15,713,469
12.2	Stocks .....	1,520	267,585	16,576,777
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....		85,958	0
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	1,520	15,061,812	32,290,246
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....			
13.2	Stocks .....	172,321	324,744	28,001,970
13.3	Mortgage loans .....			
13.4	Real estate .....	19,955	78,403	132,588
13.5	Other invested assets .....			27,000,000
13.6	Miscellaneous applications .....	189,408		1,095,697
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	381,684	403,147	56,230,255
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(380,164)	14,658,665	(23,940,009)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			36,400,000
16.6	Other cash provided (applied) .....	(1,000,313)	(86,495)	(10,513,323)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(1,000,313)	(86,495)	(46,913,323)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	6,865,537	22,784,128	(46,848,083)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	73,681,062	120,529,146	120,529,146
19.2	End of period (Line 18 plus Line 19.1) .....	80,546,599	143,313,274	73,681,062

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	144,029	53	22,834					559	120,583	
2. First Quarter .....	145,509	65	24,411					542	120,491	
3. Second Quarter .....	149,928	66	25,738					532	123,592	
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	880,676	377	147,833					3,215	729,251	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	254,354	335	38,050					1,037	214,932	
8. Non-Physician .....	478,867	306	65,952					1,405	411,204	
9. Total .....	733,221	641	104,002					2,442	626,136	
10. Hospital Patient Days Incurred .....	54,019		4,114					213	49,692	
11. Number of Inpatient Admissions .....	12,063		922					73	11,068	
12. Health Premiums Written (a) .....	258,988,100	176,269	41,657,072					3,421,363	213,733,396	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	258,988,100	176,269	41,657,072					3,421,363	213,733,396	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	238,577,646	217,610	40,723,689					3,883,148	193,753,199	
18. Amount Incurred for Provision of Health Care Services .....	234,807,361	206,643	38,671,278					3,448,619	192,480,821	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,421,363.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
<b>Individually Listed Claims Unpaid</b>						
ALLEGIANCE HEALTH .....	22,498					22,498
BARBARA ANN KARMANOS .....	62,828					62,828
BAY REGIONAL MEDICAL .....	24,162					24,162
CARSON CITY HOSPITAL .....	27,808					27,808
CRITTENTON HOSPITAL .....	25,066					25,066
DMC HURON VALLEY SIN .....	21,377					21,377
DVA HEALTHCARE RENAL .....	10,934					10,934
GOLDBERGER .....	16,883					16,883
HARPER HUTZEL HOSPIT .....	12,184					12,184
HENRY FORD HOSPITAL .....	80,116					80,116
KAWAUCHI, RONALD H .....	28,035					28,035
LAKELAND HOSPITALS .....	28,597					28,597
LAKELAND NILES .....	17,935					17,935
LAKELAND ROYALTON .....	42,188					42,188
MEMORIAL HEALTHCARE .....	27,185					27,185
MOUNT CLEMENS REGION .....	14,475					14,475
MT CLEMENS REGIONAL .....	13,787					13,787
POH MEDICAL CTR .....	10,908					10,908
PROVIDENCE HOSPITAL .....	13,376					13,376
PROVIDENCE PARK HOSP .....	13,057					13,057
RCG EAST LANSING .....	50,340					50,340
RCG LANSING .....	48,073					48,073
RRC MT MORRIS .....	22,986					22,986
SPARROW HOSPITAL .....	788,586					788,586
SPECTRUM HEALTH .....	21,739					21,739
ST JOHN HOSPITAL .....	10,803					10,803
ST MARYS OF MICHIGAN .....	14,108					14,108
THREE RIVERS HEALTH .....	12,897					12,897
INTERMOUNTAIN MED CE .....	22,260					22,260
EXTENDED CARE TRANSI .....	21,138					21,138
HAZELDEN FOUNDATION .....	18,541					18,541
MEDPTRANS CORP-TX LI .....	14,862					14,862
SUNRISE DETOX III LL .....	11,589					11,589
WILLIAM BEAUMONT .....	63,775					63,775
UNIVERSITY OF MICHIGAN .....	526,466					526,466
ST MARYS MEDICAL .....	16,167					16,167
ST LOUIS CHILDRENS .....	230,337					230,337
ST JOSEPH MERCY .....	18,383					18,383
ST JOHN MACOMB OAKLAND .....	27,349					27,349
SPECTRUM HEALTH BUTTERWORTH .....	208,041					208,041
SPARROW SPECIALTY HOSPITAL .....	127,164					127,164
BORGESS MEDICAL CENTER .....	95,776					95,776
HURLEY MEDICAL CENTER .....	241,344					241,344
INGHAM REGIONAL .....	398,420					398,420
MCLAREN REGIONAL .....	328,731					328,731
CLINTON MEMORIAL .....	18,251					18,251
COVENANT MEDICAL CENTER .....	198,834					198,834
DMC CHILDRENS HOSPITAL .....	258,097					258,097
GENESYS REGIONAL .....	22,336					22,336
MUNSON MEDICAL CENTER .....	32,283					32,283



**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
LAPEER REGIONAL .....	17,765					17,765
ALPENA REGIONAL .....	22,227					22,227
SOUTHWEST REGIONAL .....	15,700					15,700
NORTHERN MICHIGAN .....	23,677					23,677
INLAND SURGERY CENTER .....	24,664					24,664
CALIF PACIFIC MED .....	17,804					17,804
CLEVELAND CLINIC .....	50,043					50,043
OWOSSO MEMORIAL DIALYSIS .....	29,796					29,796
MID MICH MED CENTER .....	10,615					10,615
HALLWOOD DIALYSIS CENTER .....	11,792					11,792
0199999 Individually Listed Claims Unpaid .....	4,607,158					4,607,158
0399999 Aggregate Accounts Not Individually Listed - Covered .....	39,359,301	175,235	42,142	17,058	53,251	39,646,987
0499999 Subtotals .....	43,966,459	175,235	42,142	17,058	53,251	44,254,145
0599999 Unreported claims and other claim reserves .....						13,282,329
0799999 Total Claims Unpaid .....						57,536,474
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						2,435,231

**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	11,602,339	29,338,959	108,446	8,936,135	11,710,785	10,864,073
2.	Medicare Supplement .....						
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....	974,197	2,908,950	53,550	750,950	1,027,747	1,239,028
7.	Title XIX - Medicaid .....	48,781,344	144,379,055	1,321,305	46,266,088	50,102,649	48,031,994
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	61,357,880	176,626,964	1,483,301	55,953,173	62,841,181	60,135,095
10.	Healthcare receivables (a) .....	366,652			141,958	366,652	326,468
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....	979,452		1,793,841	641,390	2,773,293	2,773,293
13.	Totals (Lines 9 - 10 + 11 + 12) .....	61,970,680	176,626,964	3,277,142	56,452,605	65,247,822	62,581,920

(a) Excludes \$.00 loans or advances to providers not yet expensed.

**Notes to Financial Statement**

- 1.     Summary of Significant Accounting Policies  
No Change
  
- 2.     Accounting Changes and Corrections of Errors  
No Change
  
- 3.     Business Combinations and Goodwill  
No Change
  
- 4.     Discontinued Operations  
No Change
  
- 5.     Investments  
No Change
  
- 6.     Joint Ventures, Partnerships and Limited Liability Companies  
No Change
  
- 7.     Investment Income  
No Change
  
- 8.     Derivative Investments  
No Change
  
- 9.     Income Taxes  
No Change
  
- 10.    Information Concerning Parent, Subsidiaries and Affiliates
  - A.   No Change
  
  - B.   No Change
  
  - C.   No Change
  
  - D.   Due from Affiliates: \$1,051,094 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.  
      Due to Affiliates: \$ 1,678,777 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
  - E.   Guarantees or undertakings: No Change
  - F.   Management Agreements between:
    - (1) **McLaren Health Plan and McLaren Health Care Corporation:**  
      McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for January-June 2013= \$1,327,548
  
    - (2) **McLaren Health Plan and MRMC:**  
      MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January-June 2013 =\$4,191
  
    - (3) **McLaren Health Plan and Anthelio HealthCare Solutions:**  
      Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for January-June 2013 = \$186,222
  
    - (4) **McLaren Health Plan and HA:**  
      McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – June 2013 = \$4,126,572

**Notes to Financial Statement**

**(5) McLaren Health Plan and MHPIC:**

McLaren Health Plan agrees to provider certain operational, personnel services and other resources to MHPIC. Amount for January-June 2013 = \$65,022

- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

- 11. Debt  
No Change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
No Change
- 13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations  
No Change
- 14. Contingencies  
No Change
- 15. Leases  
No Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk  
No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
No Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. ASO plans – N/A
  - B. ASC plans – N/A
  - C. Medicare or similarly structured cost based reimbursed contracts
    - 1.
      - a. No Change.
      - b. No Change.
      - c. No Change.
      - d. No Change.
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
No Change
- 20. Fair Value Measurement  
No Change
- 21. Other Items:
  - A. No change
  - B. No Change
  - C. No Change
- 22. Events Subsequent  
No Change

**Notes to Financial Statement**

23.    Reinsurance  
No Change
24.    Retrospectively Rated Contracts & Contracts Subject to Redetermination  
No Change
25.    Change in Incurred Claims and Claim Adjustment Expenses  
No Change
26.    Intercompany Pooling Arrangements  
No Change
27.    Structured Settlements  
No Change
28.    Health Care Receivables

A.

Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
06/30/13	-	-	-	-	-	-
03/31/13	-	-	-	-	-	-
12/31/12	-	8,425	-	55,711	-	55,711
09/30/12	42,732	154,893	-	55,618	159,884	215,502
06/30/12	128,332	189,075	48,477	1,460	153,369	203,306
03/31/12	62,960	209,367	86,319	87,035	42,297	215,651
12/31/11	60,274	251,590	139,785	71,128	47,527	258,440
09/30/11	97,862	256,932	135,665	120	122,653	258,438
06/30/11	84,424	237,911	108,307	102,649	26,955	237,911
03/31/11	43,801	226,171	112,403	-	113,768	226,171
12/31/10	56,775	230,629	90,940	33,646	106,043	230,629
09/30/10	-	253,100	68,852	41,677	142,571	253,100

B.       Risk Sharing Receivables - No Change

29.    Participating Policies  
No Change
30.    Premium Deficiency Reserves  
No Change
31.    Anticipated Salvage and Subrogation  
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:
- 3.1 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.2 If the response to 3.1 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2010
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/11/2012
- 6.4 By what department or departments?  
Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes[X] No[ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 108,796

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[ ]
- 11.2 If yes, give full and complete information relating thereto:  
Short Term Investments includes an amount (\$1,217,332) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance Services (DIFS)
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[ ]

**GENERAL INTERROGATORIES (Continued)**

**INVESTMENT**

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....	12,341,182	12,860,632
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	12,341,182	12,860,632
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.
- Yes[ ] No[X]

Yes[ ] No[ ] N/A[X]
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  
16.3 Total payable for securities lending reported on the liability page

\$ ..... 0

\$ ..... 0

\$ ..... 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA .....	1111 POLARIS PARKWAY, COLUMBUS OH 43240

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:
- Yes[ ] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....	.....	.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

18.2 If no, list exceptions:
- Yes[X] No[ ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	91.630%
1.2 A&H cost containment percent	0.640%
1.3 A&H expense percent excluding cost containment expenses	4.820%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0



**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<b>Accident and Health - Non-affiliates</b>						
22667 .....	95-2371728 .....	..... 01/01/2013 .....	ACE AMER INS CO .....	PA .....	..... SSL/L/I .....	..... Yes[X] No[ ] .....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

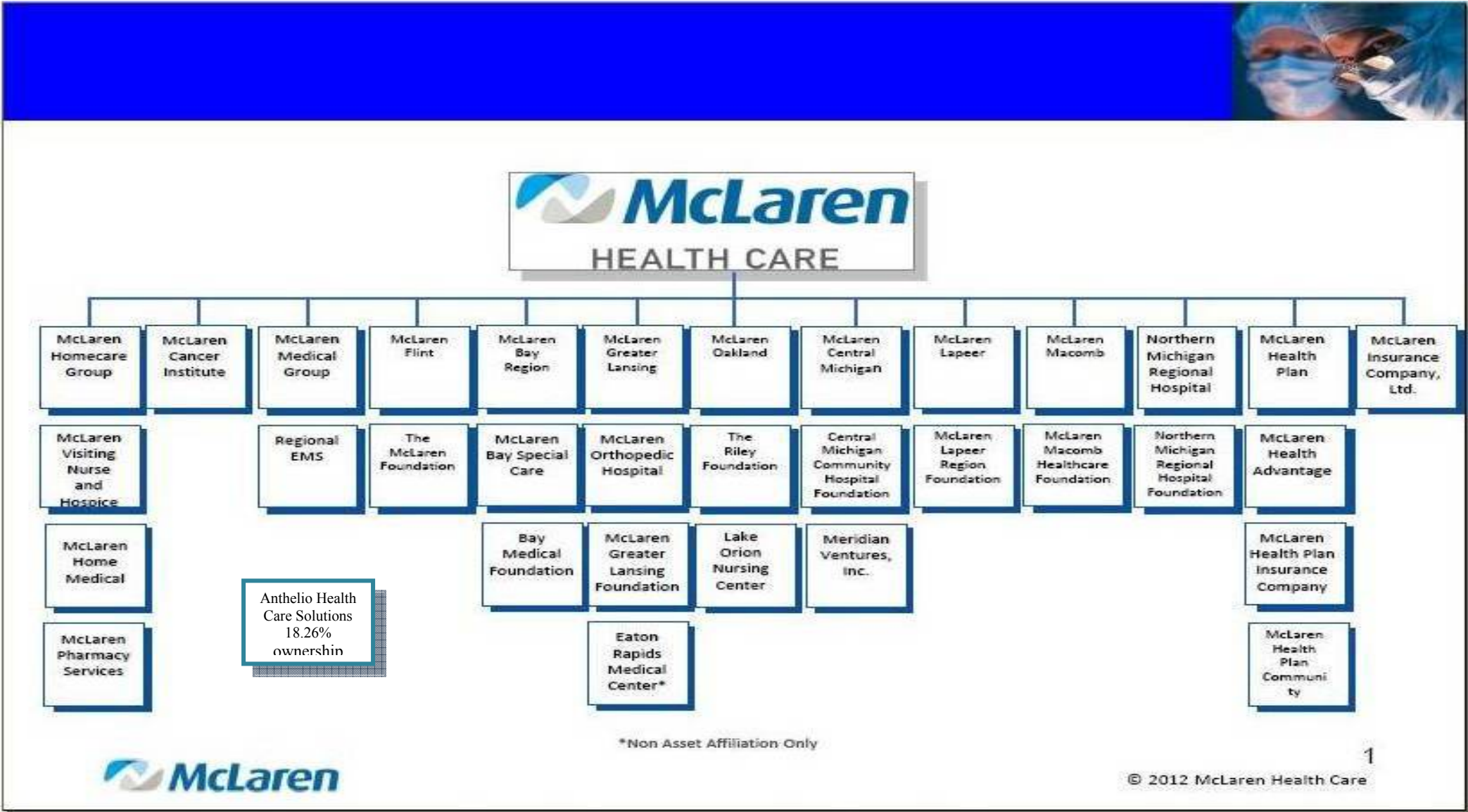
**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL) .....	N								
2.	Alaska (AK) .....	N								
3.	Arizona (AZ) .....	N								
4.	Arkansas (AR) .....	N								
5.	California (CA) .....	N								
6.	Colorado (CO) .....	N								
7.	Connecticut (CT) .....	N								
8.	Delaware (DE) .....	N								
9.	District of Columbia (DC) .....	N								
10.	Florida (FL) .....	N								
11.	Georgia (GA) .....	N								
12.	Hawaii (HI) .....	N								
13.	Idaho (ID) .....	N								
14.	Illinois (IL) .....	N								
15.	Indiana (IN) .....	N								
16.	Iowa (IA) .....	N								
17.	Kansas (KS) .....	N								
18.	Kentucky (KY) .....	N								
19.	Louisiana (LA) .....	N								
20.	Maine (ME) .....	N								
21.	Maryland (MD) .....	N								
22.	Massachusetts (MA) .....	N								
23.	Michigan (MI) .....	L	41,833,341	3,421,363	213,733,396				258,988,100	
24.	Minnesota (MN) .....	N								
25.	Mississippi (MS) .....	N								
26.	Missouri (MO) .....	N								
27.	Montana (MT) .....	N								
28.	Nebraska (NE) .....	N								
29.	Nevada (NV) .....	N								
30.	New Hampshire (NH) .....	N								
31.	New Jersey (NJ) .....	N								
32.	New Mexico (NM) .....	N								
33.	New York (NY) .....	N								
34.	North Carolina (NC) .....	N								
35.	North Dakota (ND) .....	N								
36.	Ohio (OH) .....	N								
37.	Oklahoma (OK) .....	N								
38.	Oregon (OR) .....	N								
39.	Pennsylvania (PA) .....	N								
40.	Rhode Island (RI) .....	N								
41.	South Carolina (SC) .....	N								
42.	South Dakota (SD) .....	N								
43.	Tennessee (TN) .....	N								
44.	Texas (TX) .....	N								
45.	Utah (UT) .....	N								
46.	Vermont (VT) .....	N								
47.	Virginia (VA) .....	N								
48.	Washington (WA) .....	N								
49.	West Virginia (WV) .....	N								
50.	Wisconsin (WI) .....	N								
51.	Wyoming (WY) .....	N								
52.	American Samoa (AS) .....	N								
53.	Guam (GU) .....	N								
54.	Puerto Rico (PR) .....	N								
55.	U.S. Virgin Islands (VI) .....	N								
56.	Northern Mariana Islands (MP) .....	N								
57.	Canada (CAN) .....	N								
58.	Aggregate other alien (OT) .....	X X X								
59.	Subtotal .....	X X X	41,833,341	3,421,363	213,733,396				258,988,100	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)..... 1	41,833,341	3,421,363	213,733,396				258,988,100	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



Q15

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
916	McLaren Hlth Grp .....	13789	27-1780283	.....	.....	.....	McLaren Health Plan Insurance Company .....	US	DS	McLaren Health Plan .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-2397643	.....	.....	.....	McLaren HealthCare Corp .....	US	UDP	.....	.....	.....	.....	.....
		00000	38-3491714	.....	.....	.....	McLaren HomeCare Group .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3491714	.....	.....	.....	McLaren Visiting Nurse and Hospice .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3491714	.....	.....	.....	McLaren Home Medical .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3491714	.....	.....	.....	McLaren Pharmacy Services .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3584572	.....	.....	.....	Great Lakes Cancer Institute .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-2988086	.....	.....	.....	McLaren Medical Group .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3255499	.....	.....	.....	Regional EMS .....	US	NIA	McLaren Medical Group .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-2383119	.....	.....	.....	McLaren Regional Medical Center .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1358053	.....	.....	.....	The McLaren Foundation .....	US	NIA	McLaren Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1976271	.....	.....	.....	Bay Regional Medical Center .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3161753	.....	.....	.....	Bay Special Care Hospital .....	US	NIA	Bay Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-2156534	.....	.....	.....	Bay Medical Foundation .....	US	NIA	Bay Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1434090	.....	.....	.....	Ingham Regional Medical Center .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1434090	.....	.....	.....	Ingham Regional Orthopedic Hospital .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-2463637	.....	.....	.....	Ingham Foundation .....	US	NIA	Ingham Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1559180	.....	.....	.....	Eaton Repids Medical Center .....	US	NIA	Ingham Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1428164	.....	.....	.....	POH Regional Medical Center .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	20-0442217	.....	.....	.....	The Riley Foundation .....	US	NIA	POH Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3136458	.....	.....	.....	Physician Organized HealthCare System .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-2895426	.....	.....	.....	Lake Orion Nursing Center .....	US	NIA	POH Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1420304	.....	.....	.....	Central Michigan Community Hosital .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-1420304	.....	.....	.....	Central Michigan Community Hospital Foundation .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
		00000	38-3226022	.....	.....	.....	Meridian Ventures, Inc. ....	US	NIA	Central Michigan Community Hospital .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp-any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	.....	00000	38-2689033	.....	.....	.....	Lapeer Regional Medical Center .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	38-2689603	.....	.....	.....	Lapeer Regional Medical Center Foundation .....	US	NIA	Lapeer Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	38-1218516	.....	.....	.....	Mount Clemens Regional Medical Center .....	US	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	38-2578873	.....	.....	.....	Mount Clemens Regional HealthCare Foundation .....	US	NIA	Mount Clemens Regional Medical Center .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	91-2141720	.....	.....	.....	McLaren Health Advantage .....	US	DS	McLaren Health Plan .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	27-2204037	.....	.....	.....	McLaren Health Plan Community .....	US	DS	McLaren Health Plan .....	Ownership .....	100.0	McLaren Health Care Corporation .....	.....
.....	.....	00000	.....	.....	.....	.....	McLaren Insurance Company LTD. ....	US	NIA	McLaren HealthCare Corp .....	.....	100.0	McLaren Health Care Corporation .....	.....

Q16.1

Asterisk	Explanation
0000001	.....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:  
1. Not written

Bar Codes:

Medicare Part D Coverage Supplement



95562201336500002

2013

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....	167,933		167,933	118,627
1105. SELF INS TRUST FUND CTF .....	99,228		99,228	92,328
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	267,161		267,161	210,955

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	X X X .....			
0604. ....				
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	X X X .....			

STATEMENT AS OF **June 30, 2013** OF THE **McLAREN HEALTH PLAN, INC**  
**SCHEDULE A - VERIFICATION**

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	2,646,292	2,738,513
2. Cost of acquired .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....	19,955	132,588
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....	114,364	224,809
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 ) .....	2,551,883	2,646,292
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....	2,551,883	2,646,292

**SCHEDULE B - VERIFICATION**

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired: .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest poin .....		
9. Total foreign exchange change in book value/recorded inve .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired: .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**SCHEDULE D - VERIFICATION**

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	32,449,605	35,506,023
2. Cost of bonds and stocks acquired .....	172,321	28,001,970
3. Accrual of discount .....		81,066
4. Unrealized valuation increase (decrease) .....	426,213	(453,466)
5. Total gain (loss) on disposals .....	18	1,690,106
6. Deduct consideration for bonds and stocks disposed of .....	1,520	32,290,246
7. Deduct amortization of premium .....		85,847
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	33,046,637	32,449,605
11. Deduct total nonadmitted amounts .....		194,910
12. Statement value at end of current period (Line 10 minus Line 11) .....	33,046,637	32,254,695



**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a) .....	66,200,236	3,680,953			66,200,236	69,881,189		60,757,611
2. Class 2 (a) .....								
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....								
7. Total Bonds .....	66,200,236	3,680,953			66,200,236	69,881,189		60,757,611
<b>PREFERRED STOCK</b>								
8. Class 1 .....								
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	66,200,236	3,680,953			66,200,236	69,881,189		60,757,611

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

**SCHEDULE DA - PART 1**

**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2  Par Value	3  Actual Cost	4  Interest Collected Year To Date	5  Paid for Accrued Interest Year To Date
9199999. Totals .....	69,881,189	X X X	69,881,189	5,932	

**SCHEDULE DA - Verification**

**Short-Term Investments**

		1  Year To Date	2  Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	60,757,611	104,095,123
2.	Cost of short-term investments acquired .....	9,123,578	24,560,921
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		67,898,433
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other than temporary impairment recognized ....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	69,881,189	60,757,611
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	69,881,189	60,757,611

**SI04     Schedule DB - Part A Verification     . . . . . NONE**

**SI04     Schedule DB - Part B Verification     . . . . . NONE**

**SI05     Schedule DB Part C Section 1     . . . . . NONE**

**SI06     Schedule DB Part C Section 2     . . . . . NONE**

**SI07     Schedule DB - Verification     . . . . . NONE**

**SCHEDULE E - Verification**  
**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	18,464,737	21,371,037
2.	Cost of cash equivalents acquired .....	1,085,383	
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		2,906,300
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other than temporary impairment recognized ....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	19,550,120	18,464,737
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	19,550,120	18,464,737

**SCHEDULE A - PART 2**

**Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter**

1  Description of Property	Location		4  Date Acquired	5  Name of Vendor	6  Actual Cost at Time of Acquisition	7  Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2	3						
	City	State						
0399999 Totals .....					.....	.....	.....	.....

**SCHEDULE A - PART 3**

**Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"**

1  Description of Property	Location		4  Disposal Date	5  Name of Purchaser	6  Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2	3						9	10	11	12	13							
	City	State						Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B/A C.V.							
								NONE											
0399999 Totals .....					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

QE01

**E02     Schedule B Part 2 ..... NONE**

**E02     Schedule B Part 3 ..... NONE**

**E03     Schedule BA Part 2 ..... NONE**

**E03     Schedule BA Part 3 ..... NONE**

**SCHEDULE D - PART 3**

**Show All Long-Term Bonds and Stock Acquired During the Current Quarter**

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>									
693390304 .....	PIMCO .....		04/02/2013 .....	JP MORGAN .....	1,519.804 .....	15,958 .....	X X X .....		K .....
693390304 .....	PIMCO .....		05/02/2013 .....	JP MORGAN .....	1,670.053 .....	17,586 .....	X X X .....		K .....
693390304 .....	PIMCO .....		06/04/2013 .....	JP MORGAN .....	1,388.911 .....	14,445 .....	X X X .....		K .....
922042304 .....	Vanguard Emerging Markets .....		06/24/2013 .....	JP MORGAN .....	250.759 .....	5,943 .....	X X X .....		K .....
922908108 .....	Vanguard S&P 500 .....		06/24/2013 .....	JP MORGAN .....	71.307 .....	10,462 .....	X X X .....		K .....
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) .....					X X X .....	64,393 .....	X X X .....		X X X .....
<b>Common Stocks - Mutual Funds</b>									
4812C0167 .....	JP Morgan Short Duration Bond Fund .....		04/01/2013 .....	JP MORGAN .....	723.021 .....	7,939 .....	X X X .....		L .....
4812C0167 .....	JP Morgan Short Duration Bond Fund .....		05/01/2013 .....	JP MORGAN .....	657.934 .....	7,224 .....	X X X .....		L .....
4812C0167 .....	JP Morgan Short Duration Bond Fund .....		06/03/2013 .....	JP MORGAN .....	660.924 .....	7,231 .....	X X X .....		L .....
9299999 Subtotal - Common Stocks - Mutual Funds .....					X X X .....	22,393 .....	X X X .....		X X X .....
9799997 Subtotal - Common Stocks - Part 3 .....					X X X .....	86,787 .....	X X X .....		X X X .....
9799999 Subtotal - Common Stocks .....					X X X .....	86,787 .....	X X X .....		X X X .....
9899999 Subtotal - Preferred and Common Stocks .....					X X X .....	86,787 .....	X X X .....		X X X .....
9999999 Total - Bonds, Preferred and Common Stocks .....					X X X .....	86,787 .....	X X X .....		X X X .....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE04

**SCHEDULE D - PART 4**  
**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of**  
**During the Current Quarter**

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Common Stocks - Mutual Funds</b>																					
4812C0167 ..	JP Morgan Short Duration Bond Fund ...	...	04/16/2013	JP MORGAN .....	18.026	198	X X X ..	196	.....	.....	.....	.....	.....	.....	196	.....	3	3	.....	X X X .	.....
4812C0167 ..	JP Morgan Short Duration Bond Fund ...	...	05/15/2013	JP MORGAN .....	18.077	198	X X X ..	196	.....	.....	.....	.....	.....	.....	196	.....	2	2	.....	X X X .	.....
4812C0167 ..	JP Morgan Short Duration Bond Fund ...	...	06/17/2013	JP MORGAN .....	18.077	198	X X X ..	196	.....	.....	.....	.....	.....	.....	196	.....	2	2	.....	X X X .	.....
9299999 Subtotal - Common Stocks - Mutual Funds .....					X X X ..	594	X X X ..	588	.....	.....	.....	.....	.....	.....	588	.....	6	6	.....	X X X .	X X X .
9799997 Subtotal - Common Stocks - Part 4 .....					X X X ..	594	X X X ..	588	.....	.....	.....	.....	.....	.....	588	.....	6	6	.....	X X X .	X X X .
9799999 Subtotal - Common Stocks .....					X X X ..	594	X X X ..	588	.....	.....	.....	.....	.....	.....	588	.....	6	6	.....	X X X .	X X X .
9899999 Subtotal - Preferred and Common Stocks .....					X X X ..	594	X X X ..	588	.....	.....	.....	.....	.....	.....	588	.....	6	6	.....	X X X .	X X X .
9999999 Total - Bonds, Preferred and Common Stocks .....					X X X ..	594	X X X ..	588	.....	.....	.....	.....	.....	.....	588	.....	6	6	.....	X X X .	X X X .

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.



**E06      Schedule DB Part A Section 1 ..... NONE**

**E07      Schedule DB Part B Section 1 ..... NONE**

**E08      Schedule DB Part D Section 1 ..... NONE**

**E09      Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09      Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10      Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E11      Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	During Current Quarter			*
							6	7	8	
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE .....	FLINT, MICHIGAN .....	06/30/2013 .....					(5,957,183)	(12,191,966)	(9,242,076)	X X X
FIFTH THIRD BANK .....	MICHIGAN .....	06/30/2013 .....					165,786	168,732	(55,219)	X X X
INDEPENDENT BANK .....	MICHIGAN .....	06/30/2013 .....					150,214	150,042	162,586	X X X
HUNTINGTON BANK .....	OHIO .....	06/30/2013 .....					250,000	250,000	250,000	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .			X X X	... X X X ..						X X X
0199999 Totals - Open Depositories .....			X X X	... X X X ..			(5,391,183)	(11,623,192)	(8,884,709)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....			X X X	... X X X ..						X X X
0299999 Totals - Suspended Depositories .....			X X X	... X X X ..						X X X
0399999 Total Cash On Deposit .....			X X X	... X X X ..			(5,391,183)	(11,623,192)	(8,884,709)	X X X
0499999 Cash in Company's Office .....			X X X	... X X X ..	X X X	X X X				X X X
0599999 Total Cash .....			X X X	... X X X ..			(5,391,183)	(11,623,192)	(8,884,709)	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
8399999 Subtotals - Bonds .....							
<b>Sweep Accounts</b>							
FIFTH THIRD BANK .....	DR ..	06/30/2013 ..	0.000	06/30/2013 ..	16,032,251		3,835
HUNTINGTON BANK .....	DR ..	06/30/2013 ..	0.000	06/30/2013 ..	3,517,868		2,623
8499999 Sweep Accounts .....					19,550,119		6,458
8599999 Other Cash Equivalents .....							
8699999 Total - Cash Equivalents .....					19,550,119		6,458

QE13

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